

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04 — 0 — 0 — 6

2. STATE:

Rhode Island

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 (1) (2) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A
pp 1-2 and 5-6

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 252,734

b. FFY 2005 \$ 486,790

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 2.6A
pp 1-2 and 5-6

10. SUBJECT OF AMENDMENT:

2004 Federal Poverty Guidelines

Rhode Island (04-006)
approved: 08/08/04
effective: 04/01/04

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ronald A. Lebel

14. TITLE:

Acting Director

15. DATE SUBMITTED:

16. RETURN TO:

Linda A. Winfield
Department of Human Services
600 New London Avenue
Cranston, RI 02920**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 28, 2004

18. DATE APPROVED:

August 8, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE: Associate Regional Administrator
DMCH

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Monthly Need Std.</u>	<u>Monthly Payment Std.</u>	<u>Monthly Maximum Payment</u>
1	\$327.00	\$327.00	\$327.00
2	449.00	449.00	449.00
3	554.00	554.00	554.00
4	634.00	634.00	634.00
5	714.00	714.00	714.00
6	794.00	794.00	794.00
7	874.00	874.00	874.00
8	954.00	954.00	954.00

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective May 1, 1997, based on the following percent of the official Federal income poverty level--

/ / 133 percent / X / 185 percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Monthly Income Level</u>
<u>1</u>	<u>\$ 1,435.29</u>
<u>2</u>	<u>\$ 1,925.54</u>
<u>3</u>	<u>\$ 2,415.79</u>
<u>4</u>	<u>\$ 2,906.04</u>
<u>5</u>	<u>\$ 3,396.29</u>

TN No. 04-006

Effective Date 4/1/04

Supersedes

Approval Date 8/8/04

TN No. 03-004

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Effective May 1, 1997, based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Monthly Income Level</u>
<u>1</u>	<u>\$ 1,031.86</u>
<u>2</u>	<u>\$ 1,384.31</u>
<u>3</u>	<u>\$ 1,736.76</u>
<u>4</u>	<u>\$ 2,089.21</u>
<u>5</u>	<u>\$ 2,441.66</u>

4. Children Between Ages six (6) and nineteen (19)

The levels for determining eligibility for children born after September 30, 1983, (or, at the option of a State, after any earlier date), who have attained six (6) years of age but have not attained nineteen (19) years of age under the provisions of Section 1902(a)(10)(i)(VII) of the Act are as follows:

Based on one hundred (100) percent of the official Federal income poverty line:

<u>Family Size</u>	<u>Monthly Income Level</u>
<u>1</u>	<u>\$ 775.83</u>
<u>2</u>	<u>\$1,040.83</u>
<u>3</u>	<u>\$1,305.83</u>
<u>4</u>	<u>\$1,570.83</u>
<u>5</u>	<u>\$1,835.83</u>
<u>6</u>	<u>\$2,100.83</u>
<u>7</u>	<u>\$2,365.83</u>
<u>8</u>	<u>\$2,630.83</u>
<u>9</u>	<u>\$2,895.83</u>
<u>10</u>	<u>\$3,160.83</u>

Each Added Member: \$265.00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS (continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on 100% of the official Federal income poverty line.

Family Size	Income Level
<u>1</u>	<u>\$ 775.83</u>
<u>2</u>	<u>\$1,040.83</u>
<u>3</u>	<u>\$1,305.83</u>
<u>4</u>	<u>\$1,570.83</u>
<u>5</u>	<u>\$1,835.83</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 04-006
Supersedes
TN No. 03-004

Effective Date: 4/01/04
Approval Date: 8/8/04

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL
POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: 1185 percent 11 _____ percent (no more than 100)

Eff. Jan. 1, 1990: 1190 percent 11 _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Levels (Monthly)</u>
<u>1</u>	<u>\$ 775.83</u>
<u>2</u>	<u>0 \$ 1,040.83</u>

TN No. 04-006

Supersedes

TN No. 03-004

Approval Date 8/8/04

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